

Iowa Department of Human Services
AFFIDAVIT REGARDING SUSPENSION OF SUPPORT - COVER LETTER

Date: _____

CSC Number: _____

CSRU has accepted your request to suspend support. To continue with the suspension, you and the following people must sign the enclosed form 470-3032, *Affidavit Regarding Suspension of Support*, in front of a notary:

A notary is a person who will attest that you signed the form in his/her presence and will affix their seal to the document. A notary is available at any local CSRU office. Do not sign the affidavit or allow others to sign it until you are in front of a notary.

Child Support Recovery Unit

Worker Name: _____, _____

Telephone: _____

<div style="margin-bottom: 10px;">_____ _____ _____ _____ _____</div> Petitioner, <div style="margin-top: 60px; margin-left: 10px;">vs.</div> <div style="margin-top: 80px; margin-left: 10px;">_____ _____</div> Respondent.	<div>NO. _____</div> <div style="text-align: center; font-weight: bold; margin-top: 20px;">AFFIDAVIT REGARDING SUSPENSION OF SUPPORT</div>
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1. The request for suspension is based on the following circumstance:
 - ☐ Reconciliation: All of the children entitled to ongoing support under the support order are currently residing with the obligor **AND obligee as members of the same household.**
 - ☐ Change in residency: All of the children entitled to ongoing support under the support order are currently residing with the obligor as members of the same household, **but the obligee is not a member of that household.**
2. As of the date I signed this affidavit, the child(ren) for whom support is ordered is not receiving public assistance; or, if the child(ren) is receiving public assistance, the obligor is considered to be a member of the same household as the child(ren) for the purposes of public assistance eligibility.
3. We have been informed of the conditions of the suspension process, including the provisions for reinstatement of the support order. We understand that service of the application to reinstate the order may be in person or by first class mail. We understand if no objection is filed, the court may enter an order to reinstate accruing support without additional notice.
4. We mutually agree to the suspension of the following support provisions of the support order:
 - ongoing child support.
 - ☐ • ongoing medical support for the children.
 - ☐ • ongoing spousal support, including medical support, for a spouse or a former spouse.

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5. Text options:

☐ If the controlling order has previously been determined:

The support order in this case, identified as <court order number>, originally issued in <controlling order county> county, <controlling order state> on the <issue day> day of <issue month>, <issue year>, as

☐ If original order number is different from the order on the heading:

<Original issue order number

☐ If original order number is the same as the order on the heading:

<court order number on heading>, was determined to be the controlling order by the State of <controlling determination state>, County of <controlling determination county>, Docket Number <docket number of controlling order>, entered on <month and day controlling order was completed>, <year controlling order was completed>, completed according to the standards of 28 USC 1738B. We understand that the suspension of this support order, <court order number on heading>, has no effect on any arrears accrued under any support order entered in Iowa or any other state. We also understand the Child Support Recovery Unit will continue to enforce all arrears.

☐ If there is no previously determined controlling order:

According to the standards of section 252K.207, the controlling ongoing support order is the <issuing state of controlling order> order entered in <issuing county of controlling order> County, Docket Number <court order number on heading>. This order is controlling because it is the only known ongoing support order in existence. We understand that the suspension of this support order, <court order number on heading>, has no effect on any arrears still due and owing. The Child Support Recovery Unit will continue to enforce all arrears.

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Signed this ____ day of _____, ____.

Signed this ____ day of _____, ____.

Obligee, _____ Signature

Obligor, _____ Signature

State of _____

County of _____

Subscribed and Sworn to before me this ____ day of
_____, _____.

Signature of Notary

Commission Expires: _____

State of _____

County of _____

Subscribed and Sworn to before me this ____ day of
_____, _____.

Signature of Notary

Commission Expires: _____

Signature of person who helped complete this form, if applicable

Title (for CSRU use only)

NOTE: Only complete the next section if current support is assigned or redirected to someone (such as a caretaker) or an agency other than the obligee named above. This other person or agency is the assignee or other obligee.

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☐ If an assignee,

I, _____, the Assignee or Other Obligee entitled to receive the current support created by the support order, or the representative for the agency entitled to receive the current support created by the support order, join in the request of the obligor and obligee to suspend the ongoing support provisions described on this affidavit, and state that the conditions described are true to the best of my knowledge and belief.

The person to whom support is assigned or redirected must sign below:

Signed this ____ day of _____, ____.

Assignee/Other Obligee or Assignee/Agency's Representative

State of _____
County of _____
Subscribed and Sworn to before me this ____ day of _____, _____.
_____ Signature of Notary
Commission Expires: _____

Signature of person who helped complete this form

Title (for CSRU use only)

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☐ **If a second assignee,**

I, _____, the Assignee or Other Obligee entitled to receive the current support created by the support order, or the representative for the agency entitled to receive the current support created by the support order, join in the request of the obligor and obligee to suspend the ongoing support provisions described on this affidavit, and state that the conditions described are true to the best of my knowledge and belief.

The person to whom support is assigned or redirected must sign below:

Signed this ____ day of _____, ____.

Assignee/Other Obligee or Assignee/Agency's Representative

State of _____
County of _____
Subscribed and Sworn to before me this ____ day of _____, _____.
_____ Signature of Notary
Commission Expires: _____

Signature of person who helped complete this form

Title (for CSRU use only)